



NEWSLETTER

September 2009

It is hard to believe that summer is coming to a close soon. I hope everyone enjoyed it while it lasted. Our hiking club now meets three times a week. Your dog doesn't have to be perfectly behaved to be in the club. My dog Harley needed exposure to the club at least 4 or 5 times before he was able to walk with the group without barking his head off. So please join us when you can. If you are not on the list, I can put you on it. Those that are on the list and haven't come or replied will be removed.

Thanks to everyone who attended the Zoogy's Walk for Paws at Lake Andrea. This was a benefit for Safe Harbor Humane Society. There were 55 participants and they raised over \$6,000!!!!!! We are all extremely happy with the outcome. Safe Harbor has gotten approval for the new addition to the building. A separate message will be sent with more details.

Thanks to everyone that continues to give me a head's up on locations that could be a candidate for Loving Paw's new home. I check into every lead I get so please keep them coming. I hope that we will have a place to call home soon.

Denise Sanfelippo and her Beagle Cassie took class at Loving Paws. Denise opened Dawg House Daycare located at 2901-Delany Road in Waukegan the first of September. You can contact her at 847-338-4395 or www.dawghousedaycare.com. First time clients for daycare or boarding receive a 10% discount. I will be holding classes at Dawg House in Waukegan starting October. Classes will include, but not limited to, Puppy and adult Manners & Etiquette, Agility, Reactive dog class, shy and fearful dog class and possibly a couple specialty classes. I hope that this help serve the clients in southern WI and the Illinois area better. Let's wish Denise good luck in her new business adventure. I hope classes fill up quickly. Tell your friends and family to stop in and check it out.

The construction in the area is absolutely ridiculous. It has hindered getting to Woofman's lodge to the point that I have clients not coming to classes. I deeply regret this and I wish I had some control but unfortunately it is out of my hands. Hopefully the Waukegan location can give us some relief.

Be happy, laugh out loud and smile. It can be contagious!
-Laura Yurchak

Shy and Fearful Dogs by Laura Yurchak

On July 10th, 1993 we adopted Tasha, a 4 month old Border Collie, from the Kenosha Humane Society. Tasha was trembling at the back of the kennel. She was plastered to the back wall; she wouldn't look at anyone. We took her out of the kennel and let her interact with Terra, who we also adopted. They seemed to get along well, so they both came home with us that day. While in the car, Tasha drooled excessively on my shirt and the car door. Thank God we only

live a couple minutes away from the shelter or I would have been soaked from head to toe. It was then that I began my life with a shy and fearful dog.

Once we got home we found that she was afraid of many noises. We tried to take her for a walk but she would flatten out on the ground like a pancake. I would have to carry her when we took them both for a walk. She was also afraid of car rides, thunderstorms, people and anything new in the

environment. Raising your voice completely shut her down. Once she shut down, she wouldn't move.

For many years the experts said not to coddle a shy-fearful dog because you are reinforcing their fearful behavior. I say phooey on that noise and so does Dr. Patricia McConnell. Let's pretend that you are afraid of spiders. A spider is on your ceiling and your fear of this beast inhibits your ability to get rid of it. A family member comes home and says, no worries, I will

handle it for you. By doing so, did your fear of spiders increase? I should say not!

Loving Paws offers a shy and fearful dog class to help folks understand what their dog is going through and how to help them overcome or reduce their fears. The class includes the use of Dog Appeasing Pheromones, T-Touch massage, Bach Flower Essences and counter conditioning and desensitizing to help change their emotional state to the better. Some dogs improve with medication from their veterinarian.

We NEVER made Tasha cope with fear stimuli. She worked through it in her own time with

the help of counter conditioning and desensitizing. We celebrated every tiny little baby step of success. We did our best to help her make positive associations to the fear stimuli. To do this we made walking, riding in the car, noises and strangers fun, exciting and rewarding. I also used Reiki and Ttouch massage. My Tasha conquered many fears during her lifetime. Within a week she LOVED going for a walk. In a few weeks she enjoyed car rides so much that she would try to herd the cars on the road from the back seat. Her fear of people took a good year or more and she never was one to rush up to a stranger for attention. Once she got to know you, about fifteen minutes or

so, she would continually drop her tennis ball in your lap to throw for her. Thunder and fire crackers were the only noises she never overcame. We never stopped our counter conditioning and desensitizing program, not for the 16 years. Unfortunately, we didn't consider using the DAP products and the Flower Essences. I can only image what we could have accomplished if we had. Tasha taught me patience and how to celebrate the tiny things in life. I love you Tasha and I thank you for the years we shared and the things you taught me. I miss you dearly.

DAP – Dog Appeasing Pheromones	Bach Flower Essences	Tellington Touch Massage
<ul style="list-style-type: none"> • Simulates the mother dog's natural pheromone produced the first few days after she gives birth. • Gives the dogs comfort and reassurance when under fearful or unsettling situations. • Clinical studies show that using DAP you can reduce destructive behavior by 86%, excessive barking and whimpering by 70%, house soiling by 67% and trouble at night for newly adopted puppies by 68%. • Comes in collars, spray and diffusers. • Purchase collars on line, spray and diffuser at pet stores. • Collar: Great for use with shy and fearful dogs. • Replace every four weeks. • Must have contact with the dog's skin at all times. • Spray: Good for small areas such as a car. • Diffuser: Good for areas of the home. 	<ul style="list-style-type: none"> • Developed in the 1930's by Dr. Edward Bach. • Their purpose is to balance emotions and negative mental states. • Liquid extracts are made from individual flowers. • They are safe, non-toxic, free from side effects, non-addictive, doesn't interfere with other medication; you can't over dose and is complementary to other treatments. • Purchase at Equinox in Kenosha, 5901-6th Ave, Sheepish in Racine at 326 Main Street or on line. • Rescue Remedy: Emergency Remedy useful in stressful events such as accidents, shock, trauma, veterinarian and grooming visits, training classes and anxiety. • Five-Flower Stress Formula or Animal Rescue Formula, By Flower Essence Services: A mixture that helps to reduce stress. Many feel this helped their dog. 	<ul style="list-style-type: none"> • Developed by Linda Tellington Jones in 1978. • Uses specific hand motions, rhythmic breathing, a variety of hand positions, and a scale of finger pressures. • Intended to activate the cells and awaken cellular intelligence. • Often makes major changes in behavior and speed up the healing process. • Practiced in over 30 countries. • Used on a variety of animals. • www.tellingtontouch.com

Dylan's Story

By Sue Loucks

For the past 14 years, I've been carrying on a love affair right under my husband Steve's nose. The amazing thing is, he understands my needs for this other male in my life, and even enjoys his company, too. Steve is serious, analytical, and work driven. My boyfriend is fun loving, unpredictable and always ready for a good time. This love affair isn't a threat to my marriage, and often times, Steve participates in our adventures. As you have probably guessed, this "lovefest" is of the canine variety, my 14-year-old golden retriever, Dylan.

At seven weeks, this little yellow bundle of joy arrived in my arms, and promptly affixed his seal with a gigantic kiss across my face. From that point on, I was hooked. Over the years, Dylan and I enjoyed an array of fun activities. From competition obedience (his favorite), and agility (he never overcame his fear of the teeter), to our daily hikes in the woods, and swimming at the lake, Dylan does everything 110%. He's been there when our children left for college, to Steve's job where extensive and lengthy travel is the norm, to the death of both my parents. He's given his all to me. That's why, when at the age of 12, he developed a sore on his nose that just wouldn't heal, I had to help my best friend when he really depended on me. After a few months of trying different medications and nothing helping, we were referred to Dr. Rachel Reiman, a veterinary oncologist at Animal Emergency Center in Glendale, WI. More rounds of tests, x-rays and CT scans revealed our biggest fear: Dylan had squamous cell carcinoma, a type of skin cancer. The good news was that the cancer was contained

to only the outer portion of his nose, and hadn't yet invaded his nasal cavity. He was scheduled for laser surgery the following week at a different clinic. (At the time AEC did not have this capability.) Things looked great for four months, but then his nose took on a whole different appearance. So it was back to the vet who performed the laser surgery. The news was not good. He stated that there was nothing else that could be done, the cancer was too invasive, and that we were to "just enjoy whatever time we had left."

Dylan's regular vet, by the way, agreed with his opinion. Well, after 2 days of crying and looking at this dog who still had such a zest for life, we decided to call Dr. Reiman again. She was more than willing to take another look and see if there was anything else we could do.

After looking at all the options, the only viable one was to administer several rounds of chemotherapy. It was to be delivered over 4-6 sessions, spaced three weeks apart.

Certainly cost was a factor, but Steve said we had to give it a shot. Chemotherapy on a dog is much less intrusive than it is on humans. Dylan didn't lose his hair, and apart from feeling a little nauseated and sleepy

for a few days after each session, he sailed through each treatment with grace and dignity. With each one, we saw improvement in the appearance of his nose, and more importantly, the possibility of light at the end of the tunnel.

It's now been almost two years since that little innocent sore on his nose first appeared, and Dylan remains in great health. He's slowed down and has decided it's time to stop and smell the roses, instead of plowing through them, but hey, at fourteen, he's entitled to that.

Side note: One in four dogs will be diagnosed with cancer at some point in their lives. The scary thing is that young dogs, as young as two and three, are now being affected by this insidious cluster of diseases.

Dylan has been chosen as the national "spokesdog" for Ovriv's catalog cancer campaign. They have teamed up with The Morris Animal Foundation and Eukanuba in raising funds for research into finding a cure for our beloved companions. You can see a picture of my old guy and more importantly, contribute to the campaign at www.orvis.com/caninecancer, so that this disease can be wiped out in our dogs' lifetime.



Sue and Dylan from www.orvis.com/caninecancer

Sue Loucks is a dog trainer in Menomonee Falls, Wisconsin. She is a Master Third Way Trainer, a Certified Pet Dog Trainer and a Certified Dog Behavior Consultant.

What Every Pet Owner Should Know About Vaccines

By Amy Wence

Recently I attended a seminar conducted by Dr. Lisa Kluslow (DVM) on canine vaccines & titers. Before attending the seminar, I knew very little about the subject. The seminar was enlightening to say the least. I learned much about current vaccine protocols, vaccination risks, what titers are and how they work. For those of you who were not able to attend, I would highly recommend signing up the next time Dr. Kluslow is available. She has a lot of knowledge to share and is a wonderful speaker. Dr. Kluslow is great at simplifying complicated subjects and presenting the information in a manner that is both interesting and easy to understand. Many of us don't think twice when it comes to vaccinating our dogs. They are our best friends and we want them to stay healthy, so vaccinating to protect against illness seems like an easy choice. However, it is not so black and white.

Not all vaccines are appropriate for all dogs. Furthermore, many vaccines do not need to be administered annually, as was thought. In fact, over-vaccinating can actually jeopardize a dog's health. Vaccines can cause side effects such as: fever,

lethargy, pain at injection site, skin problems, allergic reactions, and autoimmune disease. According to Dr. Ronald Schultz, professor and chair of pathological sciences in the School of Veterinary Medicine at UW-Madison, "These adverse reactions have caused many veterinarians to rethink the issue of vaccination. The idea that unnecessary vaccines can cause serious side effects is in direct conflict with sound medical practices." (<http://www.news.wisc.edu/8413>) Additionally, it has been theorized that the most common diseases of senior pets are caused by vaccination.

These include: kidney disease, immune mediated disease, cancer, arthritis, and even allergies. In 2006, the American Animal Hospital Association (AAHA) revised its 2003 vaccination protocol guidelines to reflect new thinking in the field. In the new guidelines, the AAHA states that the revaccination intervals for the major viral diseases can safely be extended to 3 years for normal adult dogs. Below is a summary of the 2006 AAHA Canine Vaccination Guidelines for the "core" vaccines, which are vaccines every dog should receive.

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There are also "non-core" vaccines, which include: Parainfluenza (CPiV), Bordetella bronchiseptica (kennel cough), Borrelia burgdorferi (Lyme), Leptospira interrogans (leptospirosis) and Distemper-Measles (D-MV).

The "non-core" vaccines are not appropriate for all dogs.

These vaccines should only be given to dogs that are at risk of contracting the specific infections due to geographical location, local environment, or lifestyle. Discuss with your veterinarian whether your dog is at risk before vaccinating for the non-core viruses. Other factors that should be considered before administering non-core vaccines is the severity of the illness you're vaccinating against, the effectiveness of the vaccine, and risk vs. benefit. For instance, the leptospirosis vaccine is not effective in protecting your dog against all strains of the disease, and it has a higher rate of vaccine reaction.

Therefore, some veterinarians do not recommend this vaccine because the risks outweigh the benefit.

The following vaccines are not recommended by AAHA for any dogs: Parvovirus (CPV-2) killed, Adenovirus-1 (CAV-1), MLV and killed, Adenovirus-2 (CAV-2) killed or MLV-topical, Coronavirus (CCV) killed and MLV, and Giardia lamblia killed.

To see the complete 2006 AAHA vaccine guidelines, please visit: <http://www.aahanet.org/PublicDocuments/VaccineGuidelines06Revised.pdf>

Although, the AAHA guidelines are recommending a three-year interval for the major vaccines, there is evidence that the DOI (Duration of Immunity) is even greater than that. Challenge studies show protection even seven years after vaccination

Core Vaccines	Initial Puppy Vaccination	Initial Adult Vaccination (>16 weeks)	Revaccination (Booster) Recommendation	Comments/Recommendations
Canine Parvovirus (CPV-2) Modified Live Virus (MLV)	All puppies should get 3 doses between the ages of 6 & 16 weeks administered every 3-4 weeks.	Two doses, 3-4 weeks apart. One dose is considered protective and acceptable.	All puppies need 1-year booster after initial puppy series. After booster, every 3 years or longer.	Studies have shown protection (DOI) up to 7 years post-vaccination with MLV vaccine.
Canine Distemper Virus (CPV-2) (MLV)	All puppies should get 3 doses between the ages of 6 & 16 weeks administered every 3-4 weeks.	Two doses, 3-4 weeks apart. One dose is considered protective and acceptable.	All puppies need 1-year booster after initial puppy series. After booster, every 3 years or longer.	Adult dogs challenged 7 years (Rockborn Strain) & 5 years (Onderstepoort Strain) following MLV vaccination were protected.
Canine Distemper Virus (rCDV)	All puppies should get 3 doses between the ages of 6 & 16 weeks administered every 3-4 weeks.	Two doses, 3-4 weeks apart.	All puppies need 1-year booster after initial puppy series. After booster, every 3 years or longer.	A suitable alternative to the MLV-CDV and may be used interchangeably with MLV-CDV vaccine.
Canine Adenovirus-2 (CAV-2) (MLV parenteral)	All puppies should get 3 doses between the ages of 6 & 16 weeks administered every 3-4 weeks.	Two doses, 3-4 weeks apart. One dose is considered protective and acceptable.	All puppies need 1-year booster after initial puppy series. After booster, every 3 years or longer.	Adult dogs challenged 7 years after CAV-2 MLV vaccination were found to be protected against the more virulent CAV-1.
Rabies 1-year (killed)	1 dose not before 3 months of age	Single dose	Annually	State laws govern frequency of administration
Rabies 3-year (killed)	1 dose not before 3 months of age	Single dose	After 1 year booster, every 3 years	State laws govern frequency of administration

against some of the major pathogens. This is why titer testing is becoming a more popular alternative to routine vaccinations. Titer testing measures the level of antibodies against a specific virus and can determine whether or not the dog is protected. The science of titer testing is still new to the veterinary field and it hasn't been perfected just yet.

However, it is a healthier alternative than to vaccinate unnecessarily.

Vaccines may be a boring topic for a lot of dog owners, and you may feel it's a subject best left to veterinarians. However, vaccines are something that every pet owner should become educated about. It's important as pet guardians to be proactive so that you can work with your veterinarian to

make informed decisions concerning your pet's health. I think many of us are probably guilty of allowing our veterinarians to choose what's appropriate for our dogs without fully understanding what we are agreeing to.

Veterinarians are well qualified to care for our pets. However, different veterinarians have different perspectives.

Moreover, veterinarians often rely on our input to make important decisions regarding our dogs' health. And, we know our dogs better than anyone. We are obligated as pet parents to educate ourselves to ensure that our "best friends" receive optimal care. Together, you and your veterinarian can design a program that is tailored to the specific needs of your individual dog.

Sources:

1. Canine Vaccines and Titers Seminar, conducted by Dr. Lisa Kluslow (DVM), August 9, 2009
2. "Schultz: Dog vaccines may not be necessary," by Ronald Schultz (professor and chair of pathological sciences in the School of Veterinary Medicine at UW-Madison), University of Wisconsin-Madison News, March 14, 2003, <http://www.news.wisc.edu/8413>
3. "Vaccinations 101" by Lisa Rodier, The Whole Dog Journal, August 2008, Volume 11, No. 8
4. 2006 AAHA Canine Vaccine Guidelines, Revised, <http://www.aahanet.org/PublicDocuments/VaccineGuidelines06Revised.pdf>

The Right Fit

By Jennifer Lueck

About six months ago I stumbled upon a series of articles published by Suzanne Clothier, a very well-respected dog trainer and author of the acclaimed book *Bones Would Rain From the Sky: Deepening Our Relationship with Dogs*. I read her article, "Training with the Prong Collar: A clear-eyed look at this controversial training equipment," with great interest. Gabe, my 9-year-old shepherd mix, has been a champion puller almost since the day we got him. We tried every device available to try to teach him not to pull on walks. Nothing worked well for long and finally, as a last resort, we tried a prong (a.k.a. pinch) collar. Of everything we tried, the prong collar worked the best. Shortly after I got Casey and started bringing her to Loving Paws for puppy classes, Gabe also started taking an

Adult Manners class at Loving Paws. At Laura's suggestion, we made it our goal to stop using the prong collar and to teach him to walk nicely using a harness instead. By graduation, we had achieved our goal and were able to walk him using a harness. As time went on, we stopped practicing and he fell back into his old ways. I was pondering what to do when I found Suzanne Clothier's article about prong collars. She basically said that prong collars, when used correctly, aren't as inhumane as they appear, and are actually excellent training devices. She likened prong collars to hearing aids for a hearing-impaired person and even provided the heartwarming anecdote of a golden retriever who was saved from being re-homed by the simple introduction of a prong

collar to his training program. With a recommendation like that from a positive reinforcement dog trainer I trust, I decided to give the prong collar another try. Gabe wore it to the next hike and he walked so well I planned to write an article for the newsletter about prong collars. I went back to Suzanne Clothier's website to get my facts straight and found an update from July 2009 saying she no longer recommends prong collars. WHAT?!! I read her explanation for the change of heart and it made a lot of sense. Prong collars work by causing pain when the dog pulls and are therefore not positive reinforcement devices; they are aversive devices and have the potential to damage the relationship between dog and owner. She writes, "I passionately urge handlers to

find a way to work with their dog's mind, to build a joyful & cooperative relationship that does not rely on equipment, corrections, restraint and negative reinforcement."

Walking on a leash does not come naturally for dogs, which probably explains why teaching loose leash walking is one of the most difficult aspects of family dog training. Some dogs learn loose leash walking quickly and some dogs pull like they are training for the Iditarod. If you have a dog that walks nicely on leash, count your blessings! If you have a puller, you are probably already using a device to help you walk your dog without excessive pulling. (If not, please talk to Laura about getting a harness or head halter.) I urge all of you to take a look at how your device is fitted on your dog. A correct fit can make a big difference in how effective it is. Below are recommendations from the manufacturers of two of the most popular harnesses and head halters to help you fit your dog properly.

Sensation/Sensible Harness

Tightness: Girth strap should have room for one finger when dog sits. Chest strap should be comfortable. Better too loose than too tight.

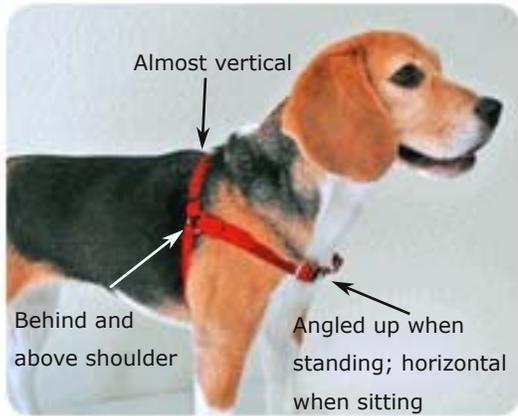


Image from <http://www.softouchconcepts.com/howto/fitting-guide.php>

Gentle Leader Easy Walk Harness

Tightness: Girth strap should have room for one finger when dog is standing. Chest strap should be comfortable but should not hang down or gap.

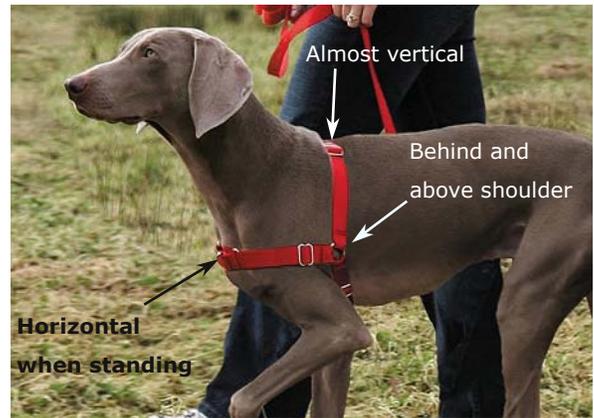


Image from <http://www.buygentleleader.com/>

Halti



Two finger tightness

Strap is away from eyes and loose unless dog pulls

Gentle Leader

Most strap is loose, but not so loose it can slide over the nose.



Just behind ears at the very top of the neck. Needs to be very snug (one finger just barely fits underneath) so it doesn't rotate.

If you use a different product, please check the instructions to make sure it is fitted properly.

Using a prong collar makes walking Gabe easier for me, but at what cost to him? Is it really worth it? For me, the answer is no. Once again, I am making it my goal to practice with Gabe so he can walk nicely on leash without a prong collar. It's not going to happen overnight, but we can do it! I challenge you to make it your goal to work with your dog to learn to walk on a loose leash. The Hiking Club is an excellent way to practice walking in real life situations and there's always at least one trainer there to give you pointers!